

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN6501	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  05/30/2013	
NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF MORGAN COUNTY		STREET ADDRESS, CITY, STATE, ZIP CODE 419 SOUTH KINGSTON STREET WARTBURG, TN 37887		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 001	1200-8-6 Initial Comments  During the Licensure survey and complaint investigation numbers 29380, 30654, 31396, conducted on May 30, 2013, at Life Care of Morgan County, no deficiencies were cited under chapter 1200-8-6, Standards for Nursing Homes.	N 001		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0089

77CY11

(X8) DATE

6/12/13

If continuation sheet 1 of 1